

# NEWARK GRADE SCHOOL/MILLBROOK JR. HIGH

## 2018-2019

**\*Please be sure to notify the school office of any changes to this information during the school year.**

1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_

Last Name	First	Middle	M/F	D.O.B.	Grade	Allergies/Medications
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MAILING ADDRESS \_\_\_\_\_

P.O. Box	Number & Street	County
HOME PHONE _____		
(Town) _____	(Zip) _____	

With whom does the student(s) live at the above address: Child resides with:  
 Father & Mother     Father Only     Mother Only     Father & Stepmother  
 Mother & Stepfather     Legal Guardian(s)     Other

**A. MOTHER'S NAME** \_\_\_\_\_  
 (Address if different) \_\_\_\_\_

EMPLOYED BY \_\_\_\_\_  
 WORK PHONE (    ) \_\_\_\_\_ HOURS \_\_\_\_\_ CELL PHONE (    ) \_\_\_\_\_

**B. FATHER'S NAME** \_\_\_\_\_  
 (Address if different) \_\_\_\_\_

EMPLOYED BY \_\_\_\_\_  
 WORK PHONE (    ) \_\_\_\_\_ HOURS \_\_\_\_\_ CELL PHONE (    ) \_\_\_\_\_

**C. NAME OF STEP-PARENT OR GUARDIAN IF LIVING WITH STUDENT:** \_\_\_\_\_

EMPLOYED BY \_\_\_\_\_ HOURS \_\_\_\_\_ CELL PHONE (    ) \_\_\_\_\_

**IN CASE OF EMERGENCY, PLEASE LIST PEOPLE TO BE CONTACTED:**

1 <sup>st</sup>	A    B    C	2 <sup>nd</sup>	A    B    C		
3 <sup>rd</sup>	_____	_____	_____	_____	_____
	Name	Home and/or Cell Number		Relationship	
4 <sup>th</sup>	_____	_____	_____	_____	_____
	Name	Home and/or Cell Number		Relationship	

PHYSICIAN \_\_\_\_\_  
 Name \_\_\_\_\_ Phone Number \_\_\_\_\_

HOSPITAL \_\_\_\_\_

E-Mail Address \_\_\_\_\_ (Will not be used in student directory)

**Ethnicity:** (please circle) White Hispanic/Latino Black American Indian/Alaskan Native Asian  
Hawaiian/Pacific Islander Two or more races

**Primary Language spoken in the home** English Spanish Other \_\_\_\_\_

**Does the child speak any other language other than English?** \_\_\_ YES \_\_\_ NO

**If yes what other languages are spoken?** \_\_\_\_\_

**Are any other languages other than English spoken in the home?** \_\_\_ YES \_\_\_ NO

**If yes what other languages are spoken in the home?** \_\_\_\_\_

Parent/Guardian is a member of a branch of the armed forces of the United States and who is either deployed to active duty or expects to be deployed to active duty during the school year. \_\_\_ YES \_\_\_ NO

1. I give permission to school personnel to make whatever emergency (i.e. first aid, disaster, evacuation) measures as judged necessary for the care and protection of my child under the supervision of the school.

In case of medical emergency, I understand that my child will be transported to a hospital by the local emergency unit for treatment if the local emergency resource (police, rescue squad) deems it necessary. The child will be transported at the expense of the parents.

It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physician, and/or other adult acting on the parent's behalf.

2. I give permission for my child to participate in all field trips during the 2018-2019 school year. I also give permission for my child to ride the shuttle bus between Newark Grade School and Millbrook Jr. High for any school related activities that take place during the 2018-2019 school year. I understand that I will be given information relating to each field trip/activity before it takes place.

I also understand that by consenting to allow my child to go on a field trip or ride the shuttle bus between Newark and Millbrook, I waive the right to bring suit for damages against any employee of the Newark Grade School District #66 for any injuries said pupil may incur during a conducted field trip or bus shuttle.

3. I give permission for Newark Grade School/Millbrook Jr. High School to take my child's picture. I understand that the picture(s) may be used for publicity purposes (i.e. newspaper, slide presentation, etc.)

4. A student directory including student name, parents/guardians names, grade, address and phone number will be printed.

\_\_\_ YES, include my child/children in the directory

\_\_\_ NO, DO NOT include my child/children in the directory

\*\*\*\*\*

My signature authorizes 1, 2, 3, and 4 above.

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

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PRESCHOOL CHILDREN:

PLEASE LIST NAMES AND BIRTHDATES OF ANY PRESCHOOLERS AT HOME:

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

Newark Grade School District 66  
Registration Fees 2018-2019

**FAMILY NAME** \_\_\_\_\_

<b><u>CURRICULUM / BOOK RENTAL FEES 2017-2018</u></b>	<b><u>AMOUNT</u></b>
Grades K-4	105.00
Grades 5-8	130.00

(Student's Name)

Kindergarten for _____	_____
1 <sup>st</sup> Grade for _____	_____
2 <sup>nd</sup> Grade for _____	_____
3 <sup>rd</sup> Grade for _____	_____
4 <sup>th</sup> Grade for _____	_____
5 <sup>th</sup> Grade for _____	_____
6 <sup>th</sup> Grade for _____	_____
7 <sup>th</sup> Grade for _____	_____
8 <sup>th</sup> Grade for _____	_____

**Late Fee: If paid after final registration date August 7, 2018 - \$25.00 per student**

**STUDENT PLANNER - \$5.00 for Grades 4-8** \_\_\_\_\_

**SCHOLASTIC BOWL - \$25** \_\_\_\_\_

**SPORTS FEES (\$50.00 each)**

Soccer for \_\_\_\_\_  
(5-8 Grade) \_\_\_\_\_

Volleyball \_\_\_\_\_  
(5-8 Grade Girls) \_\_\_\_\_

Boys Basketball for \_\_\_\_\_  
(5-8 Boys) \_\_\_\_\_

Girls Basketball for \_\_\_\_\_  
(5-8 Grade Girls) \_\_\_\_\_

Cheerleading for \_\_\_\_\_  
(5-8 Grade) \_\_\_\_\_

Track for \_\_\_\_\_  
(5-8 Grade) \_\_\_\_\_

**A SPORTS FEE OF \$50.00 FOR SOCCER, VOLLEYBALL, BASKETBALL, CHEERLEADING AND/OR TRACK MUST BE PAID BY ALL ATHLETES PRIOR TO THE FIRST PRACTICE.**

**PE – ROLLER SKATING - \$10.00 (K-4)** \_\_\_\_\_

**MUSIC (\$15.00) Recorder Fee**

**Mandatory for 4<sup>th</sup> Grade Only**

Recorder Fee for \_\_\_\_\_

**HEADPHONES – \$5.00 OPTIONAL (Can be purchased on own)** \_\_\_\_\_

Sub Total \_\_\_\_\_

**MILK \$.35 each**

1 Day=\$.35    5 Day = \$1.75    10 Day= \$3.50    20 Day= \$7.00

<u>NAME</u>	<u>GRADE</u>					<u>AMOUNT</u>
_____	_____	1	5	10	20	_____
_____	_____	1	5	10	20	_____
_____	_____	1	5	10	20	_____
_____	_____	1	5	10	20	_____
_____	_____	1	5	10	20	_____

**LUNCH**

	<u>1 Day</u>	<u>5 Days</u>	<u>10 Days</u>	<u>20 Days</u>
Grades K-8	\$3.00	15.00	30.00	60.00
High School	\$3.50	17.50	35.00	70.00
Adult	\$3.50	17.50	35.00	70.00
Entrée	\$1.00 extra per day for High School			

<u>NAME</u>	<u>GRADE</u>					
_____	_____	1	5	10	20	_____
_____	_____	1	5	10	20	_____
_____	_____	1	5	10	20	_____
_____	_____	1	5	10	20	_____
_____	_____	1	5	10	20	_____

**TOTAL** \_\_\_\_\_

PLEASE MAKE ALL CHECKS PAYABLE TO: **NEWARK GRADE SCHOOL**

PAY ONLINE AT: [ngsd66.org](http://ngsd66.org) and look for the EPay logo on the right side of home page

OR: <https://www.epayillinois.com/Home/ShowSiteLandingPage/23140>

**MEDICAL INFORMATION & EMERGENCY CARE PLAN 2018-2019**

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ School Yr \_\_\_\_\_  
Sex: M or F \_\_\_\_\_ DOB \_\_\_\_\_ School \_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_ Phone # (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_ Phone # (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
Other (Relationship) \_\_\_\_\_ Phone # (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
Physician's Name \_\_\_\_\_ Office Phone # \_\_\_\_\_  
Hospital of Choice \_\_\_\_\_

PLEASE CHECK ALL HEALTH CONCERNS THAT APPLY TO YOUR CHILD:

ASTHMA     DIABETES     SEIZURES     BEE STING ALLERGY     FOOD ALLERGY  
 LATEX ALLERGY     ADD/ADHD     OTHER  
 NO HEALTH CONCERNS

Please COMPLETE ONLY the sections that apply to your child:

**ASTHMA**

Medications at this time?	Yes	No	Self-Administered?	Yes	No
Medication _____			Dosage _____		Times Given _____
Medication _____			Dosage _____		Times Given _____

Any restrictions/limitations due to the asthma? \_\_\_\_\_  
Procedure to follow when your child has an asthma attack: \_\_\_\_\_

Approximately how often does your child have an acute episode? \_\_\_\_\_  
Does your child understand asthma and how to manage it? Yes No

**DIABETES**

Medications at this time?	Yes	No	Self-Administered?	Yes	No	Insulin Pump?	Yes	No
Medication _____			Dosage _____			Times Given _____		
Medication _____			Dosage _____			Times Given _____		

How long has your child been diabetic? \_\_\_\_\_ Currently under control? Yes No  
Does your child understand diabetes/its management? Yes No Does your child recognize symptoms? Yes No  
What symptoms does your child experience when becoming hypoglycemic (low blood sugar)? \_\_\_\_\_

What form of glucose will be provided for a hypoglycemic reaction? \_\_\_\_\_  
Are snacks required during the school day? Yes No Please specify type of snacks and time to be given: \_\_\_\_\_

Procedure to follow when your child has an insulin reaction: \_\_\_\_\_

**SEIZURE**

Medications at this time?	Yes	No		
Medication _____			Dosage _____	Times Given _____
Medication _____			Dosage _____	Times Given _____

When was the last seizure? \_\_\_\_\_ Describe the type of seizure: \_\_\_\_\_  
Any restrictions/limitations due to the seizures? \_\_\_\_\_  
Procedure to follow when your child has a seizure: \_\_\_\_\_

**OVER....SIGNATURE REQUIRED ON REVERSE SIDE**

**BEE STING ALLERGY**

Will your child have an Epi-Pen at school? Yes No  
When was the last reaction? \_\_\_\_\_ What medical treatment was provided and by whom? \_\_\_\_\_

Describe the signs/symptoms of the reaction? \_\_\_\_\_  
Procedure to follow when your child has a reaction: \_\_\_\_\_

**FOOD ALLERGY**

What food(s) is your child allergic to? \_\_\_\_\_  
What symptoms does your child exhibit when they are having a reaction? \_\_\_\_\_  
Does he/she react to: (Circle all that apply)

Ingestion Touch Smell  
Does your child understand his/her food allergy and what he/she needs to do to manage it? Yes No  
Does your child have an Epi-Pen? Yes No  
Does your child know how and when to use the Epi-Pen? Yes No  
Medications at this time? Yes No  
Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Times Given \_\_\_\_\_  
Procedure to follow when your child has a reaction: \_\_\_\_\_

**LATEX ALLERGY**

What symptoms does your child exhibit when they are exposed to latex? \_\_\_\_\_  
When was the last reaction? \_\_\_\_\_ What medical treatment was provided and by whom? \_\_\_\_\_  
Procedure to follow when your child is exposed to latex: \_\_\_\_\_

**ADD/ADHD**

When was your child diagnosed with ADD or ADHD? \_\_\_\_\_  
Medications at this time? Yes No  
Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Times Given \_\_\_\_\_

**OTHER HEALTH CONCERNS**

List any other health concerns/diagnoses your child has: \_\_\_\_\_  
When was he/she diagnosed? \_\_\_\_\_ Does your child understand the diagnosis? Yes No  
Medications at this time? Yes No  
Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Times Given \_\_\_\_\_  
Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Times Given \_\_\_\_\_  
List any restrictions/limitations related to the diagnosis: \_\_\_\_\_

*IN ORDER TO MEET THE HEALTH AND EDUCATIONAL NEEDS OF THE STUDENT, I UNDERSTAND THAT THIS INFORMATION MAY BE SHARED WITH MEMBERS OF THE EDUCATIONAL TEAM. THIS WILL BE DONE ON A "NEED TO KNOW" BASIS, IN A CONFIDENTIAL MANNER.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Newark Community Consolidated School  
District # 66**

**Newark Grade School**  
503 Chicago Road  
Newark, Illinois 60541  
Phone 815-695-5143  
Fax 815-695-5776  
Demetra Turman, Superintendent

**Millbrook Jr. High**  
8411 Fox River Drive  
Millbrook, Illinois 60536  
Phone 630-553-5435  
Fax 630-553-1027  
Jan Lenci, Principal

**MANDATORY – PLEASE RETURN**

**Student** \_\_\_\_\_ **School year** 2018 - 2019

**To be read and signed by the student-participant and his/her parent/guardian:**

Dear Parents/Guardians:

Millbrook Jr. High/Newark CCSD 66 is requesting that 6<sup>th</sup>, 7<sup>th</sup> and 8<sup>th</sup> grade students participate in a curriculum-based 1:1 Technology Program. You must authorize your child's participation in the program by agreeing to the following terms and discussing them with your child. This authorization and agreement needs to be signed only once while your child is enrolled in the District.

Your child must also sign the District's *Acceptable Use of Electronic Networks* agreement to participate in the program, which has been provided to you in your handbook, and that agreement will be given the first day of school. The violation of any laws or Board policies while participating in the program may result in the loss of your child's privilege to participate in the program. Remember that you are legally responsible for your child's actions. If you agree to allow your child to participate in 1:1 program, sign the authorization and agreement below and return it to your school.

The teacher's role in the program is that of instructor in your child's classroom. If there are technical difficulties with your student's device, they should contact Mr. Lee. Parents/guardians and their children share the responsibility for technical support and providing a properly charged device. If the student's device has technical difficulties at no fault of the student: (1) another device may be provided, if available, or (2) students may be asked to partner with another student who has a functioning device during a lesson. The District will also expect you and your child to keep the device free from viruses, malware, and/or any other harmful programs that could damage the District's electronic network. Finally, the right to privacy on your child's device is limited as this device is being provided to the student and should not contain any information that is not relevant to the educational goals of the district.

**Repair Fees if Necessary:**

Replace Entire Device	\$200	Motherboard	\$95.00
LCD screen panel	\$ 85	Battery	\$45.00
Keyboard	\$ 35	Trackpad	\$25.00
AC Adapter/Cord	\$ 25		

Dings/Chips or other damage not covered above will be a buy-out cost at the end of the year for the cost of the device.

**Newark Community Consolidated School  
District # 66**

***1:1 Technology Program Participation Authorization and Responsible Use Agreement***

I hereby request that my child be allowed to participate in the District's 1:1 program. *(Please indicate agreement by initialing the checkbox.)*

- I have read this *1:1 Participation Authorization and Responsible Use* agreement. I understand the program is designed for educational purposes and that the District's Internet gateway must be accessed to minimize access to inappropriate material.
- I will hold harmless the District, its employees, agents, and Board members, for any harm caused by materials or software obtained via the District's network and compliance with federal law(s) (the Children's Internet Protection Act (CIPA) requirements).
- I have read, discussed with my child and signed the *Student Acceptable Use Policy* form and *Policy 6:235 Access to Electronic Networks* (available on our webpage and in the handbook section of the agenda.)
- I understand that my child and I share the responsibility for keeping the device free from viruses, malware and/or any other harmful programs that could infect or harm the District's electronic network.
- I understand that the District provides liability protection for the 1:1 device, but if continual problems or replacements are required due to my student's neglect, I may be assessed an additional fee, as stated on page 1.
- I understand that my child's privacy rights in his/her school's device is limited as this device is being provided to the student and should not contain any information that is not relevant to the educational goals of the district.
- I consent that my child may not share another student's device, or in the alternative, be asked to share his/her device with another student, unless directed by the classroom teacher or administration.
- I understand that my child may not share their personal login/password with another student or individual other than myself.

\_\_\_\_\_  
Parent/Guardian *(please print)*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Student signature

**To be read and signed by student and parent/guardian who is not participating:**

I have decided **not to participate** in the 1:1 program sponsored by the School District for this school year. In order for me to participate in the 1:1 program at a later date, I understand that I must contact the Building Principal and sign the above 1:1 *Technology Program Participation Authorization and Responsible Use Agreement Form*.

\_\_\_\_\_  
Parent/Guardian *(please print)*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Student signature



# MANDATORY FORMS ATTACHED

## Newark Grade School District #66 / Newark Community High School District #18

### SCHOOL BUS ACCIDENT

#### Release of Minors Involved in School Bus Incidents

#### POLICY

STATEMENT: Incidents involving school buses pose unique challenges to the EMS provider in assuming proper release of uninjured children. Once Medical Control confirms that the minor children are not injured, the custody and responsibility for these uninjured children will remain with the responding EMS provider until the children are transferred to parents, legal guardians, school officials or the hospital. If no procedure exists to have children transferred to a parent, legal guardian or school official, then these children will need to be transported to the hospital.

PURPOSE: To reduce the number of uninjured children transported to the hospital and to reduce the EMS time and resources used at the scene of school bus accidents.

#### PROCEDURE:

- A. On arrival at the scene, EMS personnel shall determine the category of the incident and request appropriate resources. EMS must also accomplish a complete assessment of the scene to include at least: mechanism of injury, number of patients, damage to the vehicle, triage as outlined in the System Plan. Once this has been accomplished, then the patients may be assigned to one of the following categories:
  1. CATEGORY A: Mechanism of injury, school bus occupancy indicates that at least one child may reasonably be expected to have significant injuries: (IE: roll-over, high speed impact, intrusion into the bus etc.) or significant injury is present in one or more children. All children in this incident category must be transferred to an appropriate hospital unless a System refusal form is signed by a parent or legal guardian.
  2. CATEGORY B: Mechanism of injury, school bus occupancy indicates that at least one child may reasonably be expected to have minor injuries: (IE: speed of impact, intrusion into bus, etc.) or minor injury in one or more children exists with no obvious mechanism of injury that could reasonably be expected to cause significant injuries. EMS personnel must complete an EMS multiple casualty form and secure a signature of an appropriate school official.
  3. CATEGORY C: Mechanism of injury, school bus occupancy indicates no injuries may be present and that the release of uninjured children may be the only EMS need. No injuries are present in any children and no obvious mechanism of injury exists (use approved System Multiple Patient Release School Bus Incident form).
  4. CATEGORY D: If the pediatric patient(s) have special healthcare needs and/or communications difficulties, then all of these patients must be transported to the hospital for evaluation and disposition unless approval for release is received from Medical Control or parent/legal guardian has signed the approval refusal form.
- B. After determining the category of the incident, EMS personnel shall determine the extent of EMS involvement and contact Medical Control. Medical Control shall approve the implementation of this policy.

## MANDATORY FORMS ATTACHED

- C. Adults, victims 18 years old and older, and occupants of other vehicles will be treated or released in accordance with routine system operating procedures.
- D. If Medical Control has approved usage of this policy/plan, then each provider will implement their procedure for contacting parents, legal guardians or appropriate school officials to receive custody of uninjured children.

The approval system Multiple Casualty form for School Bus Incidents must be utilized for all children who will not be transported.

Each child transported must have a completed run report.

One run report indicating the nature of the incident (etc.) shall be completed and must include all information regarding the incident including the number of patients released. Keep a copy of this report with the release form or with refusal forms signed by the parents.

Parents/legal guardian(s) or appropriate school official must be given a copy of the Patient Education sheet for refusal release of care.

Any parent or legal guardian who arrives on scene to remove and assume responsibility for their child will be requested to sign an individual refusal form.

- E. EMS providers shall use reasonable means to contact the parents and school officials. This could include use of telephone, cellular phone or direct contact by police. If contacted by phone, EMS providers shall take reasonable means to confirm the identity and authority of the parent or school official.
- F. Once the identity and authority of the parent or school official has been established, the EMS provider may release the child to the parent, guardian, school official or alternate transport source. School officials will follow their established program for informing parents and/or legal guardians in regard to incidents.
- G. *The health and safety of the child is the primary concern. It is the responsibility of the EMS provider to assure the child is returned to the parent or placed on the schools alternate transport vehicle. If the EMS provider on the scene determines a child should receive a physician evaluation or offered medical care, the child WILL BE TRANSPORTED to the hospital unless the parents are on scene and consent to refusal.*
- H. Each Pre-hospital provider agency in the System who may likely respond to a school bus accident, must contact the school superintendent in their district to obtain the name and title of the "appropriate school official" who may take responsibility for the children on the bus involved in the accident.
- I. Utilization review (CQI) will be conducted by the EMS System of the agency(s) involved for each implementation of this procedure.

**NEWARK GRADE SCHOOL DISTRICT #66 / NEWARK HIGH SCHOOL DISTRICT #18**

**Bus Accident Policy**

I/We, have received, read and understand the Newark Community High School District #18 "Bus Accident Policy".

\_\_\_\_\_  
*SIGNATURE OF PARENT/GUARDIAN*

\_\_\_\_\_  
*DATE*

\_\_\_\_\_  
NAME of STUDENT

\_\_\_\_\_  
GRADE

\_\_\_\_\_  
NAME of STUDENT

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GRADE

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GRADE

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NAME of STUDENT

\_\_\_\_\_  
GRADE

**AFTER A BUS ACCIDENT PARENT REQUEST FORM**

**CHECK ONLY ONE BOX**

**YES**

In the event of a school bus accident in which the Emergency Medical Service (EMS) personnel determine that at least one passenger has a significant injury and must be transferred to an appropriate hospital, I want my child (children) also transported to the hospital to be checked.

This decision is made even though the EMS personnel determine that my child (children) was (were) not injured and was (were) not to be sent to the hospital, I further agree that my request to send my child (children) will be at my expense and not at the expense of the school district.

**NO**

In the event of a school bus accident in which the Emergency Medical Service (EMS) personnel has determined that my child (children) was (were) **NOT** injured and was (were) **NOT** to be sent to the hospital, I give permission for the EMS personnel to release my child (children) to an authorized school official. I understand that my child (children) will be transported back to NCHS.

\_\_\_\_\_  
*SIGNATURE OF PARENT/GUARDIAN*

\_\_\_\_\_  
*DATE*

\_\_\_\_\_  
NAME of STUDENT

\_\_\_\_\_  
GRADE

\_\_\_\_\_  
NAME of STUDENT

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NAME of STUDENT

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GRADE

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NAME of STUDENT

\_\_\_\_\_  
GRADE

**\*Continued on next page\***

**MANDATORY – PLEASE RETURN**

**FAMILY BUS INFORMATION (K-12)**

**Newark H.S., Millbrook Jr. High, Lisbon Grade, Newark Grade School**

**2018/2019 School Year**

**(check all that apply)**

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_ Walker \_\_\_\_\_ Reg. Bus \_\_\_\_\_  
Bus to H.S. 1<sup>st</sup> hour - 8<sup>th</sup> gr. \_\_\_\_\_ Shuttle to and from NGS to MJH \_\_\_\_\_

\*\*\*\*\*

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_ Walker \_\_\_\_\_ Reg. Bus \_\_\_\_\_  
Bus to H.S. 1<sup>st</sup> hour - 8<sup>th</sup> gr. \_\_\_\_\_ Shuttle to and from NGS to MJH \_\_\_\_\_

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Student Name: \_\_\_\_\_ Grade \_\_\_\_\_ Walker \_\_\_\_\_ Reg. Bus \_\_\_\_\_  
Bus to H.S. 1<sup>st</sup> hour - 8<sup>th</sup> gr. \_\_\_\_\_ Shuttle to and from NGS to MJH \_\_\_\_\_

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Student Name: \_\_\_\_\_ Grade \_\_\_\_\_ Walker \_\_\_\_\_ Reg. Bus \_\_\_\_\_  
Bus to H.S. 1<sup>st</sup> hour - 8<sup>th</sup> gr. \_\_\_\_\_ Shuttle to and from NGS to MJH \_\_\_\_\_

\*\*\*\*\*

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_ Walker \_\_\_\_\_ Reg. Bus \_\_\_\_\_  
Bus to H.S. 1<sup>st</sup> hour - 8<sup>th</sup> gr. \_\_\_\_\_ Shuttle to and from NGS to MJH \_\_\_\_\_

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Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

My child (children) will ride the bus to and from the "designated stop" closest to his/her home on a consistent basis, and may also be transported by bus for any school related function (IE: fieldtrips, trips, FFA activities, band, chorus, sporting events, etc.)

My child (children) does not ride a bus on a daily basis to and from school, but can be transported by bus for any school related function (IE: field trips, FFA activities, band, chorus, sporting events, etc.)

PLEASE CALL 815-695-5164 IF ANY CHANGES IN YOUR CHILD'S TRANSPORTATION IS NECESSARY. Please do NOT make arrangements for your child to go to a friend's home after school on the school bus, unless it is an emergency. Due to capacity limits we may not approve this type of change.

# TRANSPORTATION 2018-2019

PLEASE FILL OUT ONE FORM PER FAMILY

FAMILY NAME: \_\_\_\_\_

\_\_\_\_\_ Lives in town and not eligible for transportation. My child(ren) are car riders or walkers. Please list child(rens) name(s) and grade.

\_\_\_\_\_ grade \_\_\_\_\_ grade \_\_\_\_\_ grade \_\_\_\_\_ grade \_\_\_\_\_

**ANYONE WHO IS ELIGIBLE TO RIDE A BUS NEEDS TO FILL OUT THE REST OF THIS FORM. EVEN IF YOU ARE OCCASIONALLY DRIVEN TO SCHOOL OR ALWAYS GET DRIVEN TO SCHOOL WE STILL NEED TO KNOW IF YOU ARE ELIGIBLE.**

NAME OF STUDENT(S)

GRADE OF STUDENT(S)

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

ADDRESS (street address and town)

\_\_\_\_\_

Parents/Guardians Names and Contact Numbers (Who the bus driver should call about pick-up and drop off times)

\_\_\_\_\_

\_\_\_\_\_

\*Please put an **X** next to the statement(s) that apply to your children.

Will most likely always ride the bus to and from school \_\_\_\_\_

Will occasionally ride the bus to and from school \_\_\_\_\_

**WILL NOT** be riding the bus to and from school even though eligible \_\_\_\_\_

Will only ride the bus in the morning \_\_\_\_\_

Will only ride the bus in the evening \_\_\_\_\_

Lives in town Newark and will ride the shuttle bus to and from MJH \_\_\_\_\_

Have an 8<sup>th</sup> grader that will be transported to the H.S. for 1<sup>st</sup> hour \_\_\_\_\_

Newark Community Consolidated School

5-8 Grades

District # 66

Ms. Demetra Turman, Superintendent

Ms. Jan Lenci, Principal

PLEASE FILL OUT 1 FORM PER ATHLETE FOR THE 2018-2019 SCHOOL YEAR (5-8 Only)

PARENT OR GUARDIAN PERMISSION FOR SPORTS PARTICIPATION

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ Soccer \_\_\_ Volleyball \_\_\_ Cheerleading \_\_\_ Track \_\_\_\_\_
Boys Basketball \_\_\_ Girls Basketball \_\_\_

\_\_\_\_\_ has my permission to participate in athletics at Newark Grade
Student's Name School/Millbrook Jr. High School

FATHER'S NAME \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_

In case of an emergency and we are unable to contact either parent, we need the names and phone numbers of
one blood relative and one neighbor who would be able to locate the parents, and/or act on their behalf.

RELATIVE'S NAME \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

NEIGHBOR'S NAME \_\_\_\_\_

Please list your hospital and doctor preference:

Hospital \_\_\_\_\_ Phone # \_\_\_\_\_ Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

PLEASE READ BEFORE COMPLETING AND SIGNING

I hereby give my permission to any qualified physician or trainer to
administer emergency treatment to the above named student when
the supervisor/coach feels there is such a need for emergency treatment. YES NO

The student named above is covered by my family hospitalization and
medical insurance. If yes, name of company: YES NO
\_\_\_\_\_ OR

The student named above is covered by the insurance offered by the
school. (Student MUST be covered by this insurance unless covered
by family insurance listed above.) YES NO

I have received and understand the district eligibility policy.

I have received and understand the district concussion policy.

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_